

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	1		
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	19	57701	5/15/01
RESPONSE FORMALITY REVIEW	MTB	ASW	

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## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral).... Canceled A ..... Appeal  
 ÷ ..... Restricted 0 ..... Objected

Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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